CHICAGO

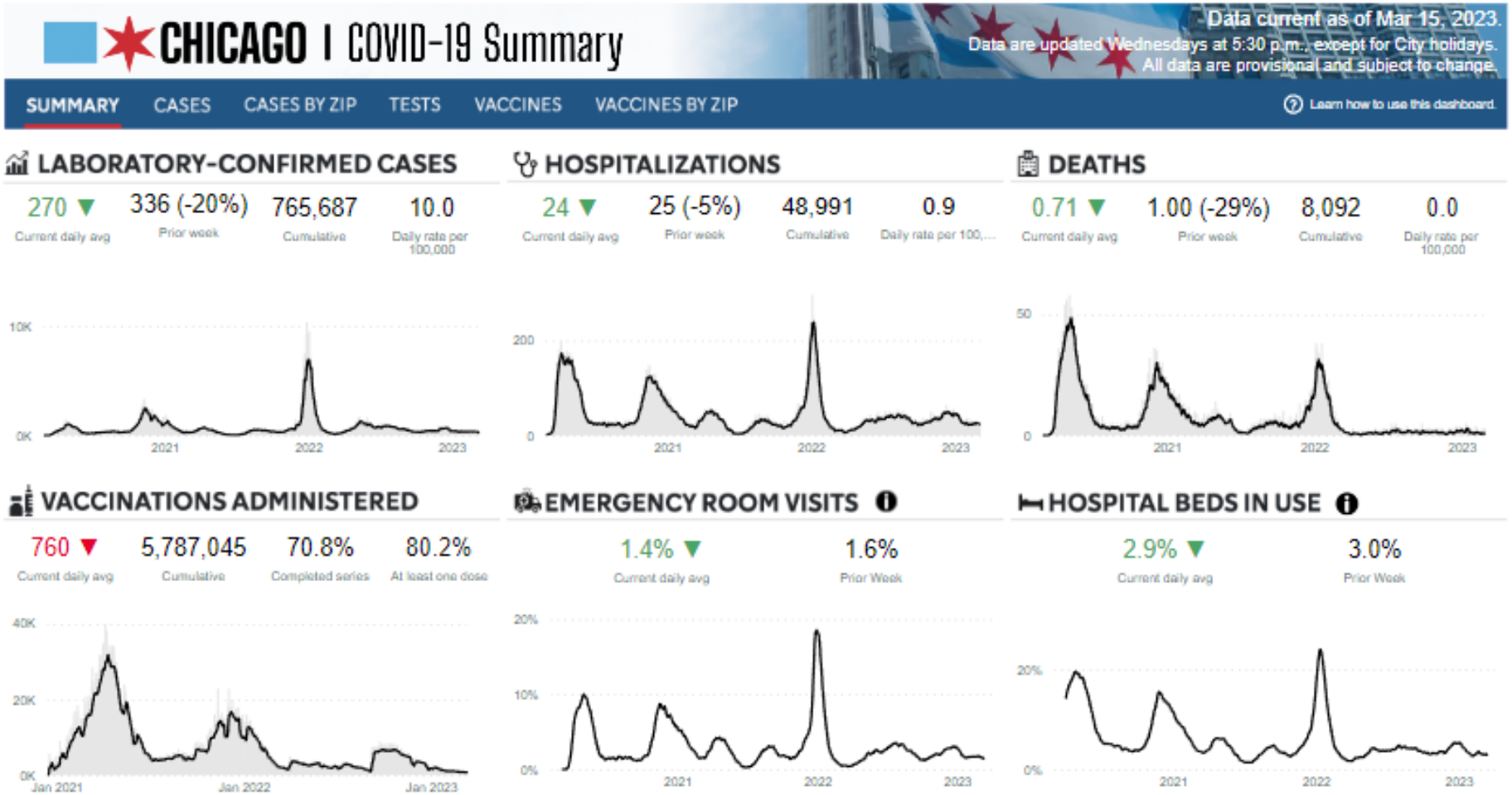
# COVID-19
# Chicago Long Term Care Roundtable

03-16-23

# Agenda

- COVID-19 Epidemiology
- COVID-19 Reminders, Updates, and FAQs
- LTC IP Resources
- Questions & Answers

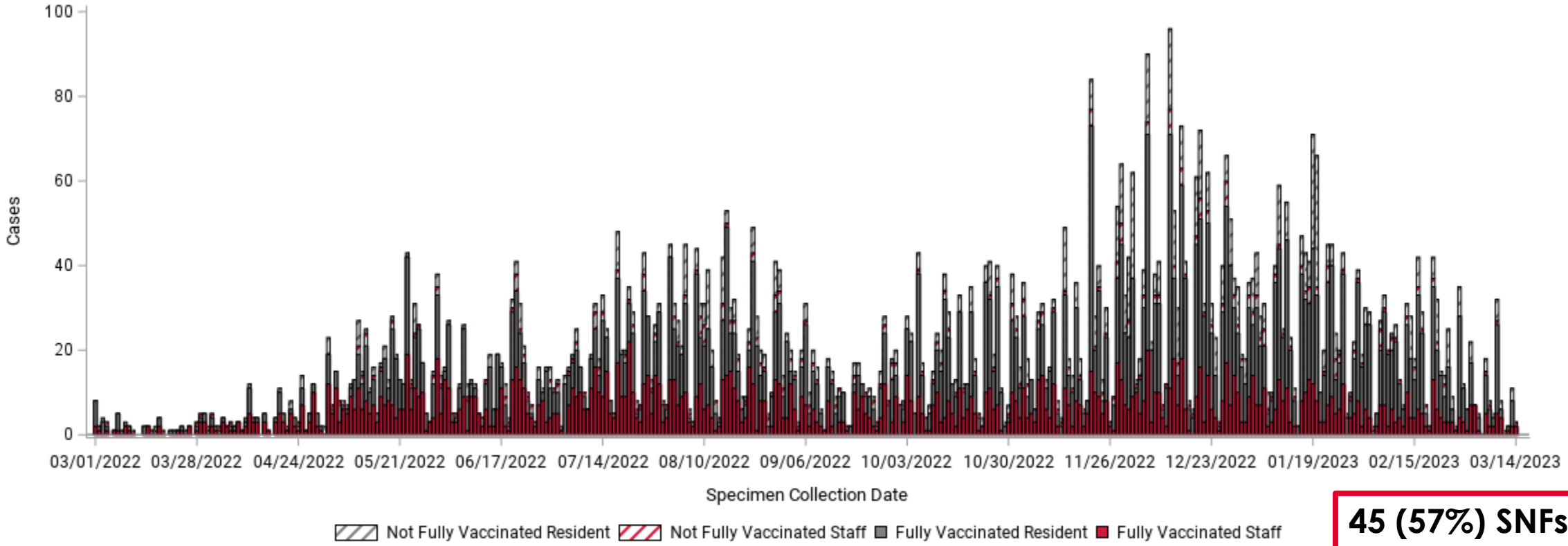
# Chicago Dashboard




Source: https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

# SNF COVID-19 Cases

***(Mar. 1, 2022 – Mar. 15, 2023)***



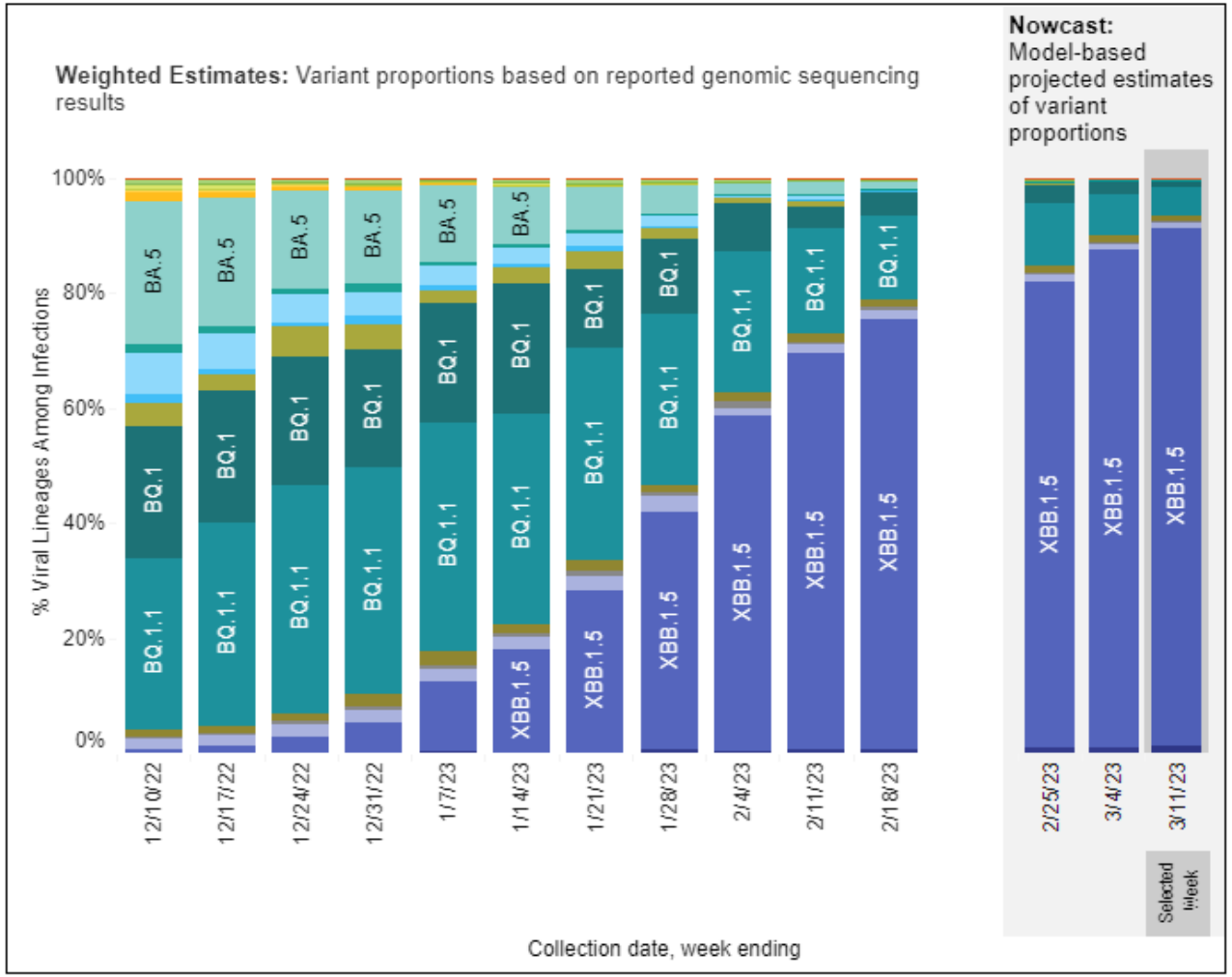

Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

**45 (57%) SNFs have active outbreaks**

# COVID-19 Variant Proportions




**Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin**

| WHO label | Lineage # | US Class | %Total | 95%PI |
|---|---|---|---|---|
| Omicron | XBB.1.5 | VOC | 90.3% | 88.5-91.8% |
| | BQ.1.1 | VOC | 4.8% | 4.1-5.6% |
| | BQ.1 | VOC | 1.2% | 1.0-1.4% |
| | XBB | VOC | 1.2% | 0.5-2.4% |
| | XBB.1.5.1 | VOC | 1.1% | 0.7-1.8% |
| | CH.1.1 | VOC | 0.9% | 0.6-1.3% |
| | BN.1 | VOC | 0.2% | 0.1-0.2% |
| | BA.5 | VOC | 0.1% | 0.1-0.1% |
| | BA.2 | VOC | 0.1% | 0.0-0.2% |
| | BF.7 | VOC | 0.0% | 0.0-0.1% |
| | BA.5.2.6 | VOC | 0.0% | 0.0-0.0% |
| | BF.11 | VOC | 0.0% | 0.0-0.0% |
| | BA.2.75 | VOC | 0.0% | 0.0-0.0% |
| | BA.2.75.2 | VOC | 0.0% | 0.0-0.0% |
| | B.1.1.529 | VOC | 0.0% | 0.0-0.0% |
| | BA.4.6 | VOC | 0.0% | 0.0-0.0% |
| | BA.2.12.1 | VOC | 0.0% | 0.0-0.0% |
| | BA.4 | VOC | 0.0% | 0.0-0.0% |
| | BA.1.1 | VOC | 0.0% | 0.0-0.0% |
| Delta | B.1.617.2 | VBM | 0.0% | 0.0-0.0% |
| Other | Other* | | 0.1% | 0.1-0.2% |

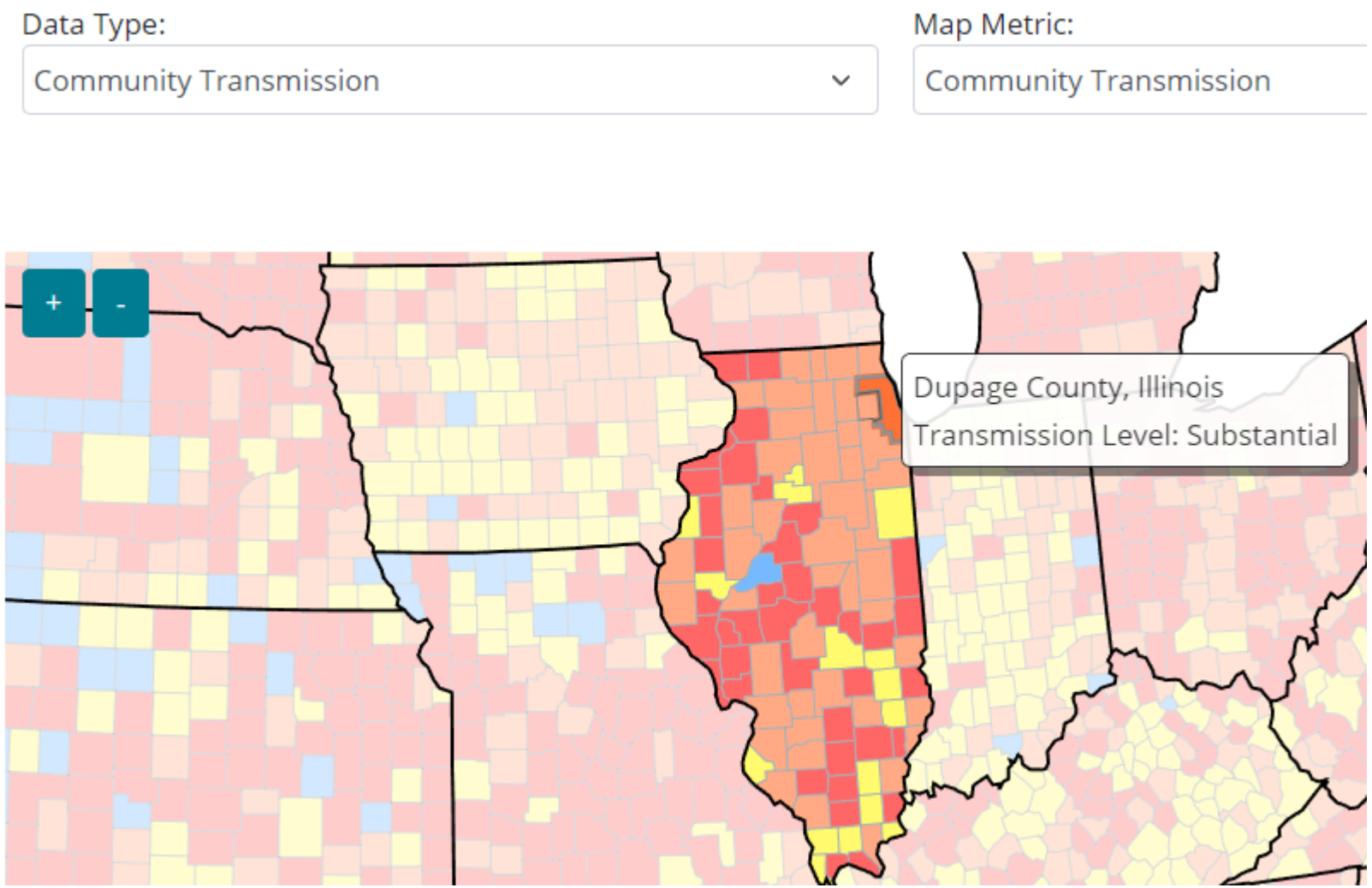
Source: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

# Reminder: CDC COVID Data Tracker

| **Indicator - If the two indicators suggest different transmission levels, the higher level is selected** | **Low Transmission Blue** | **Moderate Transmission Yellow** | **Substantial Transmission Orange** | **High Transmission Red** |
|---|---|---|---|---|
| Total new cases per 100,000 persons in the past 7 days | 0-9.99 | 10-49.99 | 50-99.99 | ≥100 |
| Percentage of NAATs[1] that are positive during the past 7 days | 0-4.99% | 5-7.99% | 8-9.99% | ≥10.0% |

**Note:** Community transmission levels will now be updated weekly

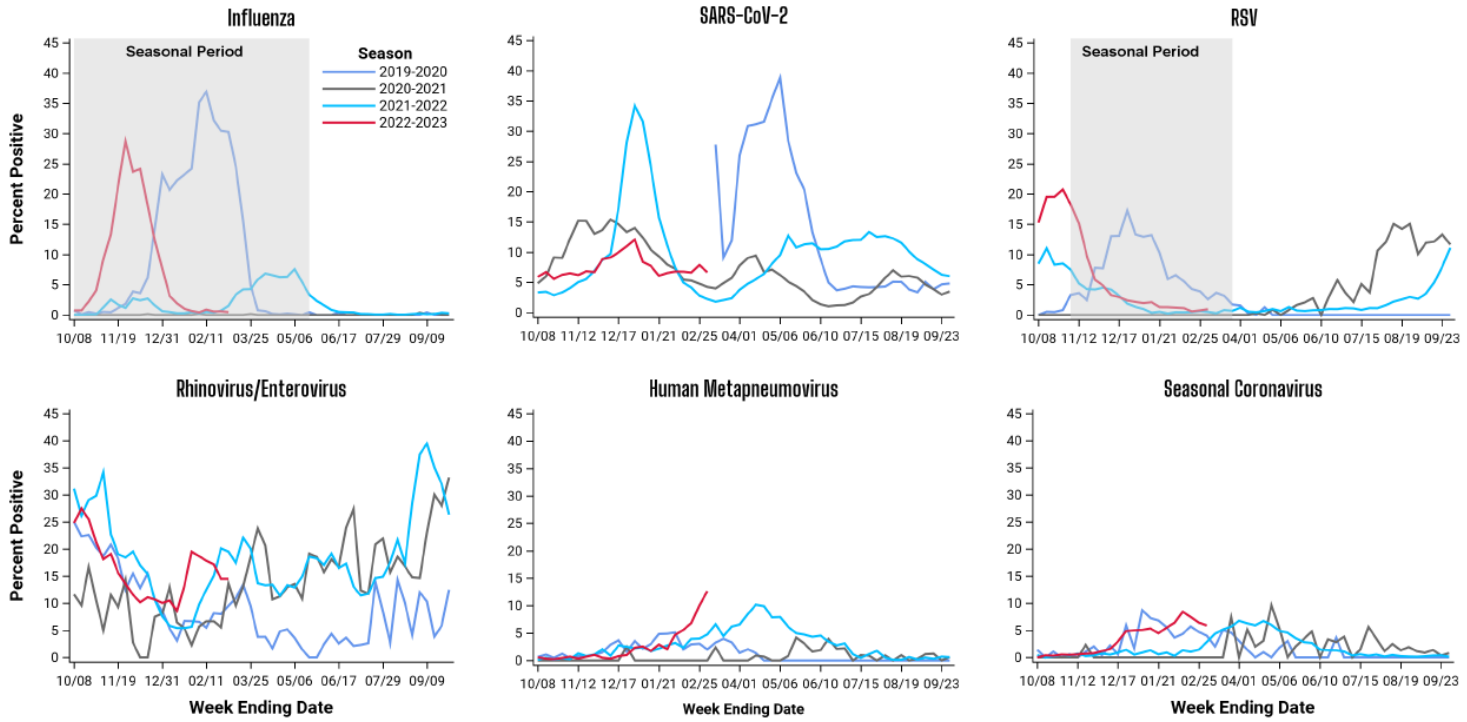
# CDC COVID Data Tracker: Cook County




**Source**: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

# Chicago Respiratory Virus Surveillance Report – Seasonal Trends

**Respiratory Virus Laboratory Surveillance - Seasonal Trends** *These graphs show seasonal trends of selected respiratory virus testing data presented in the previous table. Typical seasonal periods when activity tends to increase for influenza and RSV are indicated by shaded areas. Elevated test positivity outside of typical seasonal periods suggests atypical activity, and increased clinician awareness and testing may be warranted. Yearly data can also be used to compare the timing and intensity of viral activity, although changes in testing patterns also influence yearly trends, and data should be interpreted in the context of other surveillance indicators.*



# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

| | Week Ending March 4, 2023 | | Since October 2, 2022 | |
|---|---|---|---|---|
| Respiratory Pathogen | # Tested | % Positive | # Tested | % Positive |
| Influenza* | 4,314 | 0.5 | 121,600 | 10.0 |
| RSV* | 3,123 | 1.0 | 91,755 | 7.0 |
| SARS-CoV-2* | 4,601 | 6.7 | 150,552 | 7.5 |
| Parainfluenza | 1,625 | 1.8 | 37,864 | 2.7 |
| Rhinovirus/Enterovirus | 1,091 | 14.5 | 26,804 | 16.0 |
| Adenovirus | 1,091 | 4.0 | 26,507 | 3.5 |
| Human Metapneumovirus | 1,091 | 12.6 | 26,894 | 2.4 |
| Seasonal Coronaviruses† | 1,625 | 5.9 | 38,295 | 3.1 |

*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

# Human Metapneumovirus (HMPV)

- Can cause upper/lower respiratory illness
- Symptoms can include cough, fever, nasal congestion and shortness of breath
  - May progress to bronchitis or pneumonia
- Incubation period is 3-6 days
- No specific antiviral treatment or vaccine
- Infection prevention/control measures include:
  - Hand hygiene
  - Respiratory hygiene
  - Environmental cleaning and disinfection
  - Avoid sharing cups/eating utensils



**Source**: https://www.cdc.gov/ncird/human-metapneumovirus.html

# Reminder: CDC TBP Table

- Includes types of precautions and duration for a variety of infectious agents

| | | | |
|---|---|---|---|
| Human metapneumovirus | Contact + Standard | Duration of illness | HAI reported [1071], but route of transmission not established [823]. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions. |

## Type and Duration of Precautions Recommended for Selected Infections and Conditions[1]

Print

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

**Appendix A Updates [September 2018]**

Changes: Updates and clarifications made to the table in Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions.

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

### A

| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|---|---|---|
| Abscess<br>Draining, major | Contact + Standard | Duration of illness | Until drainage stops or can be contained by dressing. |
| Abscess<br>Draining, minor or limited | Standard | | If dressing covers and contains drainage. |
| Acquired human immunodeficiency syndrome (HIV) | Standard | | Postexposure chemoprophylaxis for some blood exposures [866]. |
| Actinomycosis | Standard | | Not transmitted from person to person. |
| Adenovirus infection (see agent-specific guidance under Gastroenteritis, Conjunctivitis, Pneumonia) | | | |
| Amebiasis | Standard | | Person-to-person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported [1045]. Use care when handling diapered infants and mentally challenged persons [1046]. |



**Source**: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html#M

# Reminder: Minimum Routine Staff Testing Frequency

| Vaccination Status | Community Transmission Level | Testing Frequency |
|---|---|---|
| **Not up to date** | All | No required routine testing* |
| **Up to date**** | All | No required routine testing* |

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing unit/broad-based testing.
** An individual has received all COVID-19 vaccinations for which they are eligible

Sources: https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-16.2022.html; https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf

# Reminder: Minimum Routine Resident Testing Frequency

| Vaccination Status | Community Transmission Level | Routine Testing Frequency |
|---|---|---|
| **Not up to date*** | All | No required routine testing** |
| **Up to date*** | All | No required routine testing** |
| **New and readmissions, regardless of vaccination status** | Low, Moderate, Substantial | No required routine testing** |
| **New and readmissions, regardless of vaccination status***** | High | Upon admission, 48 hours after 1st negative test, 48 hours after 2nd negative test (i.e., days 0, 2, 4) |

*Excluding new/readmissions when community transmission is high
**Unless symptomatic, following a high-risk exposure, or your facility is in outbreak and performing broad-based testing.
***Unless COVID+ within the prior 30 days

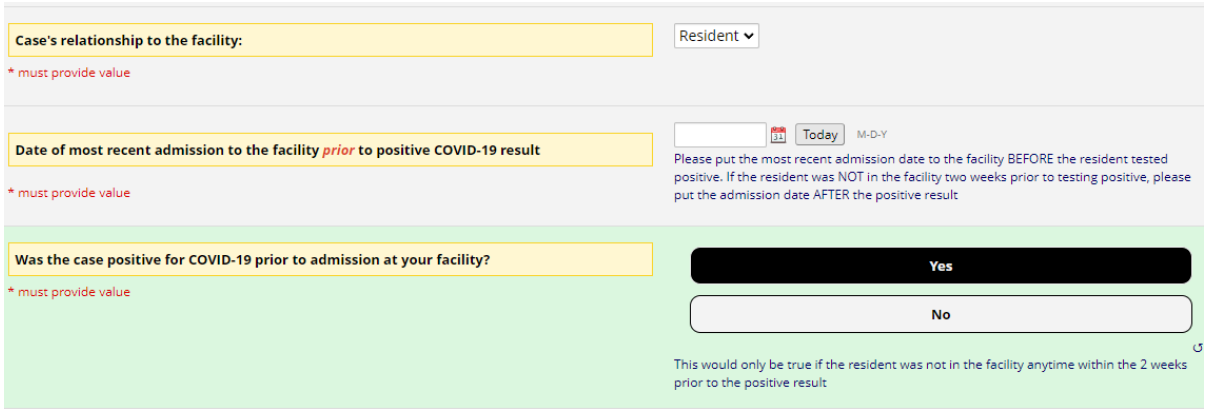
# FAQ: We've been in outbreak for the past six months and are testing the entire facility. For the past three weeks, we have only had cases on the 3rd floor. Can we now limit outbreak testing just to the 3rd floor or do we need to keep testing the entire building?

- If you have had no new cases in other areas of the building for at least 14 days and positive staff on the 3rd floor did not work in other areas of the building while potentially infectious, you can decrease outbreak testing to just include the 3rd floor.

- If you have additional cases in other areas of the building, you should expand outbreak testing accordingly.

# FAQ: Why do I need to report COVID+ residents that are positive upon admission?

- Under the Case Information section in the SNF Case Reporting Form, there is a question: "Was the case positive for COVID-19 prior to admission at your facility?"
  - If you select "Yes", then the case will not count towards your outbreak, nor will it trigger a new outbreak/response
- For CDPH purposes, a resident is considered POA if they were not in the facility anytime in the 14 days prior to the positive result
- We still want you to enter your POA cases in REDCap so we don't misattribute them to your facility
- Also a helpful indicator for whether a POA resident should be in isolation after their admission (e.g., if COVID+ 5 days prior to admission, they should remain in isolation for an additional 5 days)
- May modify or remove this requirement in the future



# *New* IDPH COVID-19 Guidance Document for Assisted Living Facilities

- IDPH webinar will be held tomorrow from 1-2 p.m. covering the newly released guidance document for Assisted Living and Other Higher Risk Community Congregate Living Settings

- Registration Link

State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor

Sameer Vohra, MD, JD, MA, Director

March 9, 2023

Interim COVID-19 Guidelines for Assisted Living, and other Higher Risk Community Congregate Living Settings

**Applicability**

The Illinois Department of Public Health (IDPH) has adopted the updated Centers for Disease Control and Prevention (CDC) COVID-19 Guidance for Assisted Living Facilities and other Higher Risk Community Congregate Living Settings, which is summarized in this document. Clarifications have been added to aid facilities with assessing risk and responding to COVID-19 cases and outbreaks. In addition to Assisted Living Facilities, this guidance applies to other Illinois non-skilled facilities such as Supportive Living, Shared Housing Establishments, Sheltered Care, and Specialized Mental Health Rehabilitation Facilities (SMHRF), whose staff provide non-skilled personal care, similar to that provided by family members in the home. The CDC definition of non-skilled personal care is provided below.

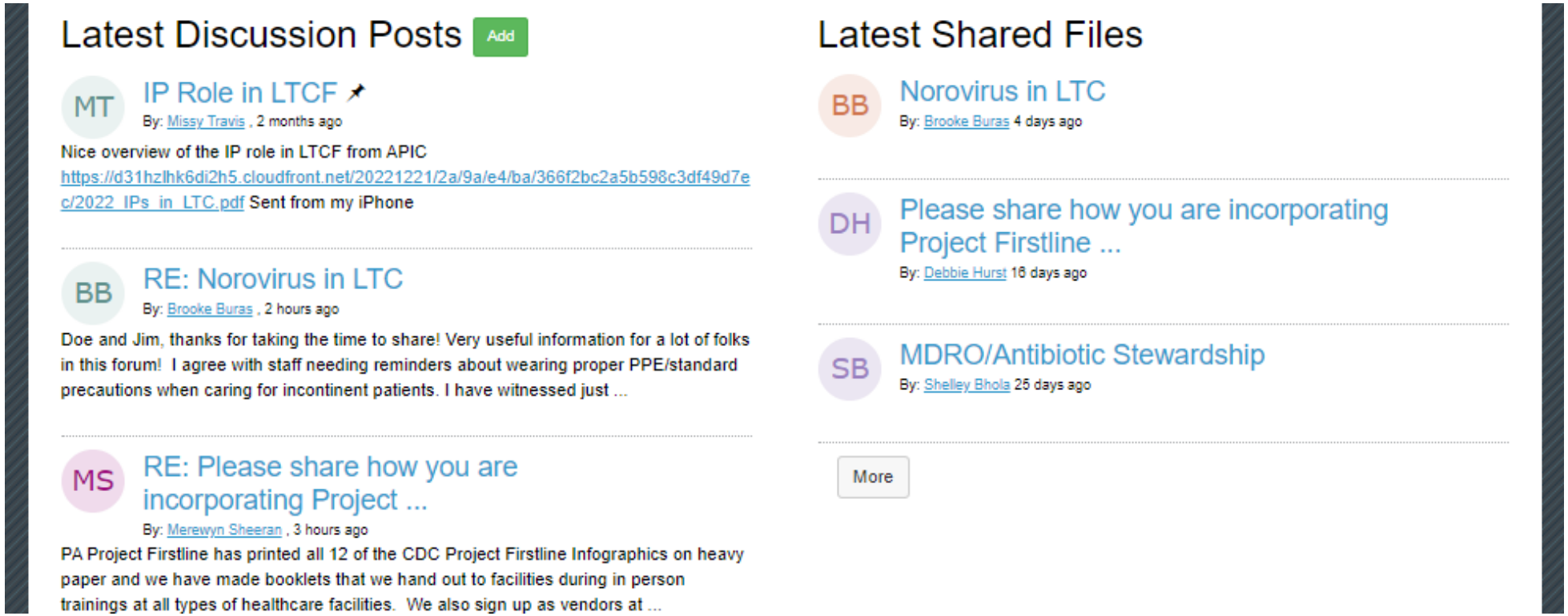
Health care personnel (HCP) providing health care to one or more residents in non-skilled facilities (e.g., hospice care, memory support, physical therapy, wound care, intravenous injections, or catheter care) should follow the CDC Infection Prevention and Control Recommendations for Healthcare Personnel and the IDPH Updated Interim Guidance for Nursing Homes and Other Licensed Long-Term Care Facilities.

Please note, the Illinois Department of Human Services has separately issued Suggested COVID-19 Guidance for Small Congregate Settings, that is intended for small congregate settings, including Community Integrated Living Arrangements (CILAs), of eight or less, unrelated individuals

**Assessing Facility Risk for Higher Risk Community Living Settings**
Non-skilled facilities should use both COVID-19 Community Levels, and facility-specific risks to guide decisions about when to apply specific COVID-19 prevention actions. Assessing the following factors can help decide if additional layers of protection are needed because of facility-specific risks:

- **Facility structural and operational characteristics:** Assess whether facility characteristics or operations contribute to COVID-19 spread. For example, facilities may have a higher risk of transmission if they have frequent resident or staff turnover, a high volume of outside visitors, poor ventilation, or areas where many people sleep close together.

# Reminder: ACHA LTC National Infection Prevention Forum




**Source**:
https://urldefense.com/v3/__https:/t.emailupdates.cdc.gov/r/?id=h769ebf20,1860d675,18626a1a&e=QUNTVHJhY2tpbmdJRD1VU0NEQ18yMTA0LURNOTkzMjUmQUNTVHJhY2tpbmdMYWJlbD1DaGVjayUyMG91dCUyMHRoZSUyMGxhdGVzdCUyMGZyb20lMjBQcm9qZWN0JTIwRmlyc3RsaW5lJTIwUGFydG5lcnMlMjAlRTIlODAlOTMlMjBGZWJydWFyeSUyMFVwZGF0ZQ&s=0NMwMOevG1EXDrYFkpIiuiSW86UB-DyiqigYsJhHKHY__;!!B24N9PvjPQId!YmOBQzH8G3VhCINLdppkTt_S2T910ZbkwcxWjYwU7jkHdLj57QZUZenrygSPW1lCeTRk9Jtob06Zl8WCHIcmSqS_J6gj886kAas0uBA$

# Reminder: ACHA LTC National Infection Prevention Forum

3. RE: Influenza Vaccination Hesitancy Among LTC Staff

0 Recommend

KD

Kelly Dolby

Posted 25 minutes ago

Reply

Hi Liz,

This is a great idea!

Unfortunately, I think vaccine hesitancy has many reasons. Influenza vaccine for as long as I have worked in LTC has always been below 50% for staff. It has been a mystery I have been trying to solve myself of why such a high number of declinations from staff? Even when speaking to staff, I always get a number of reasons-Its against their religion, I do not take vaccines, I get sick from it, I used to get it and still got Influenza so why bother taking it and personal reasons to name a few.

I could never quite pinpoint the common reason amongst staff and I seen it in a few different facilities over the years.

I can not believe I am going to say this...but I truly blame the false information that is so easily found on YouTube and Social Media as well as the articles and blogs written with no scientific data to back up the authors false claims regarding vaccines. I only say that because as an educated nurse who specializes in IPC, I have 3 adult children who will often believe what they read on social media, reddit, Twitter, etc., before they will believe me! It has especially been a struggle with my oldest who now has a 2 year old and is often influenced by "anti-vax" bloggers, etc. I try to stress to my adult children about doing proper research with valid resources and data before making any decision.

Sorry, not much of a help, just my thoughts.

Kelly

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Kelly Dolby, RN, LNHA, CDP, CADDCT, IP-CO, LTC-CIP
Corporate Infection Preventionist
Ciena Healthcare
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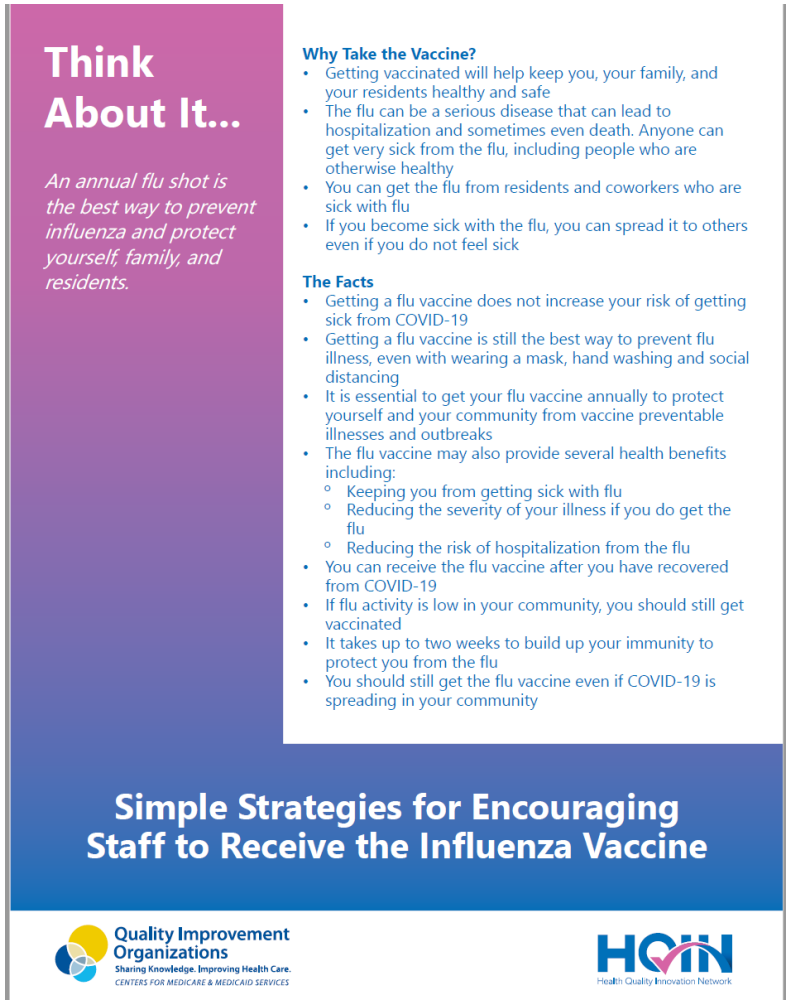
# Influenza Vaccination Hesitancy/Resources

- CDPH is exploring developing posters and/or other resources to encourage influenza vaccination uptake by LTC staff
- What are common concerns from staff?
- Any additional resources that would be helpful?



**Think About It...**

*An annual flu shot is the best way to prevent influenza and protect yourself, family, and residents.*

**Why Take the Vaccine?**

- Getting vaccinated will help keep you, your family, and your residents healthy and safe
- The flu can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get very sick from the flu, including people who are otherwise healthy
- You can get the flu from residents and coworkers who are sick with flu
- If you become sick with the flu, you can spread it to others even if you do not feel sick

**The Facts**

- Getting a flu vaccine does not increase your risk of getting sick from COVID-19
- Getting a flu vaccine is still the best way to prevent flu illness, even with wearing a mask, hand washing and social distancing
- It is essential to get your flu vaccine annually to protect yourself and your community from vaccine preventable illnesses and outbreaks
- The flu vaccine may also provide several health benefits including:
  - Keeping you from getting sick with flu
  - Reducing the severity of your illness if you do get the flu
  - Reducing the risk of hospitalization from the flu
- You can receive the flu vaccine after you have recovered from COVID-19
- If flu activity is low in your community, you should still get vaccinated
- It takes up to two weeks to build up your immunity to protect you from the flu
- You should still get the flu vaccine even if COVID-19 is spreading in your community

**Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine**

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HQIN
Health Quality Innovation Network

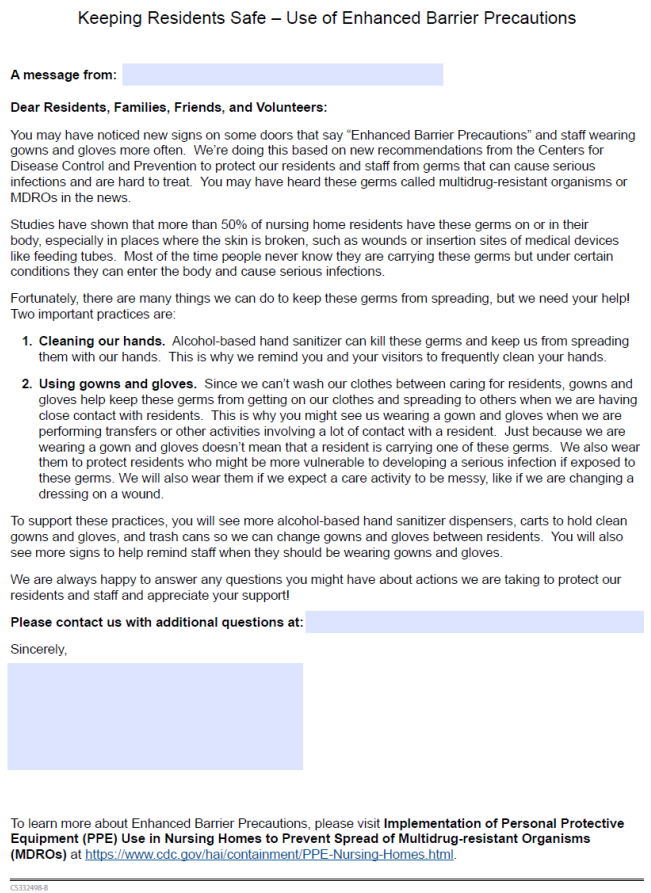
**Source**: https://hqin.org/wp-content/uploads/2021/02/Simple-Strategies-Staff-Influenza-Vaccine_508.pdf

# FAQ: On a previous roundtable, you said that CDPH would send us combo flu/COVID rapid tests. Where are they?

- Delay in CDC approving funds
  - We anticipate the approval will come soon
- Once funding is approved, tests will be distributed
- The tests will not expire until after the next flu season
- Stay tuned for HAN alert

# Enhanced Barrier Precautions Resources: Letter to Residents & Visitors

- Fillable pdf template from CDC that explains what enhanced barriers are and how/why they are implemented.



Keeping Residents Safe – Use of Enhanced Barrier Precautions

**A message from:**

**Dear Residents, Families, Friends, and Volunteers:**

You may have noticed new signs on some doors that say "Enhanced Barrier Precautions" and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

1. **Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
2. **Using gowns and gloves.** Since we can't wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn't mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

**Please contact us with additional questions at:**

Sincerely,

To learn more about Enhanced Barrier Precautions, please visit **Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)** at https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html.

CS332498-B

**Source**: https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf

# Enhanced Barrier Precautions Resources: Letter to Staff

Help Keep Our Residents Safe – Enhanced Barrier Precautions in Nursing Homes

**A message from:**

**Dear Valued Staff:**

You will soon see an increase in the circumstances when we are asking you to wear a gown and gloves while caring for residents. This is based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from multidrug-resistant organisms (MDROs), which can cause serious infections and are hard to treat. These new recommendations are called Enhanced Barrier Precautions, or EBP.

**WHY are we implementing Enhanced Barrier Precautions at this facility?**

Studies have shown that more than 50% of nursing home residents have MDROs on or in their body, especially in wounds or medical devices like urinary catheters. Most of the time people never know they are carrying these germs, but under certain conditions they can cause serious infections.

These germs can be transferred from one resident to another on staff hands, if they aren't cleaned between caring for residents, and on staff clothing during activities involving a lot of physical contact with the resident. A gown and gloves can keep these germs from getting on staff clothing and, in combination with cleaning hands with alcohol-based hand sanitizer, can prevent transfer to other residents.

This approach focuses our efforts on the residents and activities that pose highest risk for spread of MDROs.

**WHAT are Enhanced Barrier Precautions?**

Enhanced Barrier Precautions require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or spreading an MDRO.

These include the following residents:

- Residents known to be infected or colonized with an MDRO;
- Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status;
- Residents with a wound, regardless of their MDRO status

High-contact resident care activities where a gown and gloves should be used, which are often bundled together as part of morning or evening care, include:

- Bathing/showering,
- Transferring residents from one position to another (for example, from the bed to wheelchair),
- Providing hygiene,
- Changing bed linens,
- Changing briefs or assisting with toileting,
- Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care),
- Performing wound care (for example, any skin opening requiring a dressing)

Unlike the residents who are on Contact Precautions, such as for acute diarrhea, residents on Enhanced Barrier Precautions do not require placement in a private room, they can continue to participate in group activities, and they will remain on Enhanced Barrier Precautions for the duration of their stay in the facility.

**Please NOTE:** *The gown and gloves used for each resident during high-contact resident care activities should be removed and discarded after each resident care encounter. Hand hygiene should be performed and new gown and gloves should be donned before caring for a different resident.*

CS332498-A

**HOW will I know when to use Enhanced Barrier Precautions?**

We will be posting signs on the doors of residents for whom EBP are recommended. The signs will also include reminders of the activities during which a gown and gloves should be worn.

Additional information, including frequently asked questions, are available on CDC's website. We will also be scheduling several trainings to tell you more about how we will be implementing Enhanced Barrier Precautions in our facility and sending letters to residents and their families to proactively address any concerns.

We know we have asked a lot of you over the last two years and the thought of another new practice is exhausting. However, we truly believe this intervention is critical to keep both you and our residents safe.

**We thank you for your ongoing support.**



**Source**: https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf

# Enhanced Barrier Precautions: Observation Summary Tool

***Facility Name***

Enhanced Barrier Precautions (EBP) Implementation - Observations Tool

(For use in Skilled Nursing Facilities / Nursing Homes only)

| Observation Overview | |
|---|---|
| Date Range: | *Enter date range of observations* |
| Total Number of Observations: | 0 |
| Number of Observations Summarized Below: | 0 |

Is there a Filter applied to the data? ***No***

*Filtering described in the Instructions tab

| Title or role of person *conducting observation*: | Number of Observations | Percent of Observations |
|---|---|---|
| Nurse (RN, LVN, LPN) | 0 | |
| Nurse - Unit Manager or above | 0 | |
| Nurse Practitioner/Physician Assistant (NP/PA) | 0 | |
| Certified Nursing Assistant/Patient Care Associate/Patient Care Tech (CNA/PCA/PCT) | 0 | |
| Physician | 0 | |
| Infection Preventionist | 0 | |
| Wound Care staff | 0 | |
| Administrative Staff | 0 | |
| Housekeeping / EVS | 0 | |
| Student | 0 | |
| Other | 0 | |

| Title or role of person providing high-contact resident care (*person being observed*): | Number of Observations | Percent of Observations |
|---|---|---|
| Emergency Medical Service Personnel | 0 | |
| Nurse (RN, LVN, LPN) | 0 | |
| Nursing Assistant (CNA, PCT, PCA) | 0 | |
| Licensed Provider (MD, DO, DDS, Podiatrist, NP, PA) | 0 | |
| Physical/Occupational/Speech Therapist | 0 | |
| Phlebotomist/Lab technician | 0 | |
| Sitter/Personal Caregiver (Hired) | 0 | |
| Other contractual staff not employed by facility | 0 | |
| Student | 0 | |
| Other/unknown, please specify: | 0 | |

| Criteria for use of Enhanced Barrier Precautions | Number of Observations | Percent of Observations* |
|---|---|---|
| Wound | 0 | |
| Indwelling medical device(s) | | |
| Central line / PICC | 0 | |
| Urinary catheter | 0 | |
| Feeding tube | 0 | |
| Tracheostomy tube | 0 | |
| Ventilator | 0 | |
| Multidrug-resistant organism (MDRO) colonization or MDRO infection | 0 | |
| Other | 0 | |
| Unknown | 0 | |

| High-contact resident care activity being observed | Number of Observations | Percent of Observations* |
|---|---|---|
| Dressing | 0 | |
| Bathing/Showering | 0 | |
| Transferring | 0 | |
| Changing briefs or assisting with toileting | 0 | |
| Providing hygiene | 0 | |
| Changing linens | 0 | |
| Indwelling medical device care or use | 0 | |
| Wound care | 0 | |
| Other | 0 | |

*Percentages may sum to over 100% as multiple responses can be selected per observation (select all that apply).

| During the high-contact resident care activity, was a gown and/or gloves used throughout the activity? | Number of Observations | Percent of Observations |
|---|---|---|
| **Gloves** | | |
| Yes | 0 | |
| No | 0 | |
| Unknown | 0 | |
| **Gown** | | |
| Yes | 0 | |
| No | 0 | |
| Unknown | 0 | |

| If a gown and/or gloves was not used, during which high-contact resident care activities was a gown and/or gloves not used? | Number of activities performed without PPE | Percent of activities performed without PPE** |
|---|---|---|
| Dressing | 0 | |
| Bathing/Showering | 0 | |
| Transferring | 0 | |
| Changing briefs or assisting with toileting | 0 | |
| Providing hygiene | 0 | |
| Changing linens | 0 | |
| Indwelling medical device care or use | 0 | |
| Wound care | 0 | |
| Other | 0 | |

**For each activity, the percentage is calculated by dividing the number of observations for which a gown and/or gloves was not used for that select activity by the total number of observations for that select activity.

| Question | Yes | No | Unknown |
|---|---|---|---|
| 9. Is an appropriate EBP sign present near the resident room door? | 0% | 0% | 0% |
| 9a. If YES, is the sign clearly visible? | 0% | 0% | 0% |
| 10. Are gowns and gloves readily available to the staff entering the resident(s) room? | 0% | 0% | 0% |
| | **Gowns** | **Gloves** | **Other** |
| 10a. If YES, what is available? | 0% | 0% | 0% |
| | **Immediately outside the room** | **Inside the room** | **Other** |
| 10b. If YES, where is the PPE located? | 0% | 0% | 0% |
| | **Yes** | **No** | **Unknown** |
| 11. Is alcohol-based hand sanitizer (ABHS) readily available to the HCP entering the resident(s) room? | 0% | 0% | 0% |
| | **Immediately outside the room** | **Inside the room** | **Other** |
| 11b. If YES, where is the ABHS located? | 0% | 0% | 0% |
| | **Yes** | **No** | **Unknown** |
| 12. Is a trash receptacle available for staff to discard used PPE? | 0% | 0% | 0% |



**Source**: https://www.cdc.gov/hai/excel/containment/Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx

# FAQ: We don't want to have wall-mounted hand sanitizer because we are worried that the residents will drink it. Is that okay?

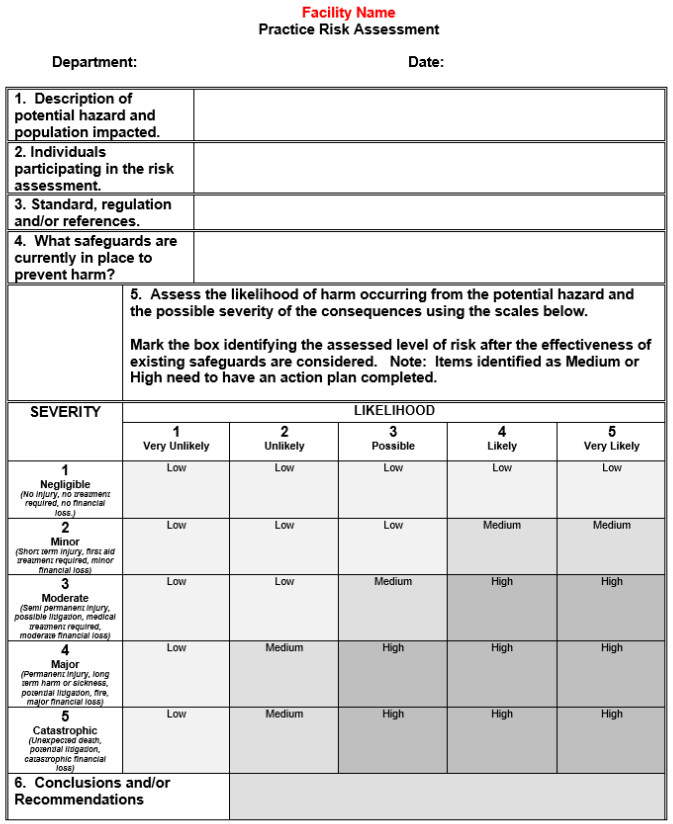
- Very difficult to perform hand hygiene when ABHR is not easily accessible
  - We rarely see staff using pocket hand sanitizers during hand hygiene observations
  - Unlikely that staff are going to walk down the hallway (e.g., to a nursing station or a cart that is several doors down) every time they need to perform hand hygiene

- Not performing hand hygiene increases the risk of transmission of many pathogens, including MDROs/XDROs
  - MDRO/XDRO transmission can lead to severe negative outcomes, including death
  - Residents with XDROs (e.g., *C. auris*) should be placed on indefinite enhanced barrier precautions, which will increase PPE usage as compared to standard precautions

# FAQ: We don't want to have wall-mounted hand sanitizer because we are worried that the residents will drink it. Is that okay?

- Review incident reports to see how often residents have tampered with soap dispensers or bottles of ABHR

- Conduct a risk assessment to determine risk of exposure/tampering vs. risk of infection/colonization
  - Report out on completed risk assessment at IPCC/QAPI committee meetings



Facility Name
Practice Risk Assessment

Department: Date:

| | |
|---|---|
| 1. Description of potential hazard and population impacted. | |
| 2. Individuals participating in the risk assessment. | |
| 3. Standard, regulation and/or references. | |
| 4. What safeguards are currently in place to prevent harm? | |

5. Assess the likelihood of harm occurring from the potential hazard and the possible severity of the consequences using the scales below.

Mark the box identifying the assessed level of risk after the effectiveness of existing safeguards are considered. Note: Items identified as Medium or High need to have an action plan completed.

| SEVERITY | LIKELIHOOD | | | | |
|---|---|---|---|---|---|
| | 1 Very Unlikely | 2 Unlikely | 3 Possible | 4 Likely | 5 Very Likely |
| 1 Negligible (No injury, no treatment required, no financial loss.) | Low | Low | Low | Low | Low |
| 2 Minor (Short term injury, first aid treatment required, minor financial loss) | Low | Low | Low | Medium | Medium |
| 3 Moderate (Semi permanent injury, possible litigation, medical treatment required, moderate financial loss) | Low | Low | Medium | High | High |
| 4 Major (Permanent injury, long term harm or sickness, potential litigation, fire, major financial loss) | Low | Medium | High | High | High |
| 5 Catastrophic (Unexpected death, potential litigation, catastrophic financial loss) | Low | Medium | High | High | High |

| | |
|---|---|
| 6. Conclusions and/or Recommendations | |



**Source**: IDPH/Hektoen

# FAQ: When should I use soap and water instead of ABHR?

| Use Soap and Water | Use an Alcohol-Based Hand Rub |
|---|---|
| • When hands are visibly dirty<br>• After known or suspected exposure to *Clostridium difficile* if your facility is experiencing an outbreak or higher endemic rates<br>• After known or suspected exposure to patients with infectious diarrhea during *norovirus* outbreaks<br>• Before eating<br>• After using the restroom<br>• If exposure to *Bacillus anthracis* is suspected or proven | **For everything else** |



**Source**: IDPH

# FAQ: We are updating our EVS policies. What are some examples of high touch surfaces in resident care areas?

High touch surfaces include but are not limited to:

- Bedrails
- IV poles
- Sink Handles
- Bedside Tables
- Counters where medications and supplies are prepared
- Edges of privacy curtains
- Patient monitoring equipment (e.g., keyboards, control panels)
- Transport equipment (e.g., wheelchair handles)
- Call bells
- Doorknobs
- Light switches
- Blood pressure cuffs



**Source**: https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html

# Upcoming LTC Roundtable Webinars

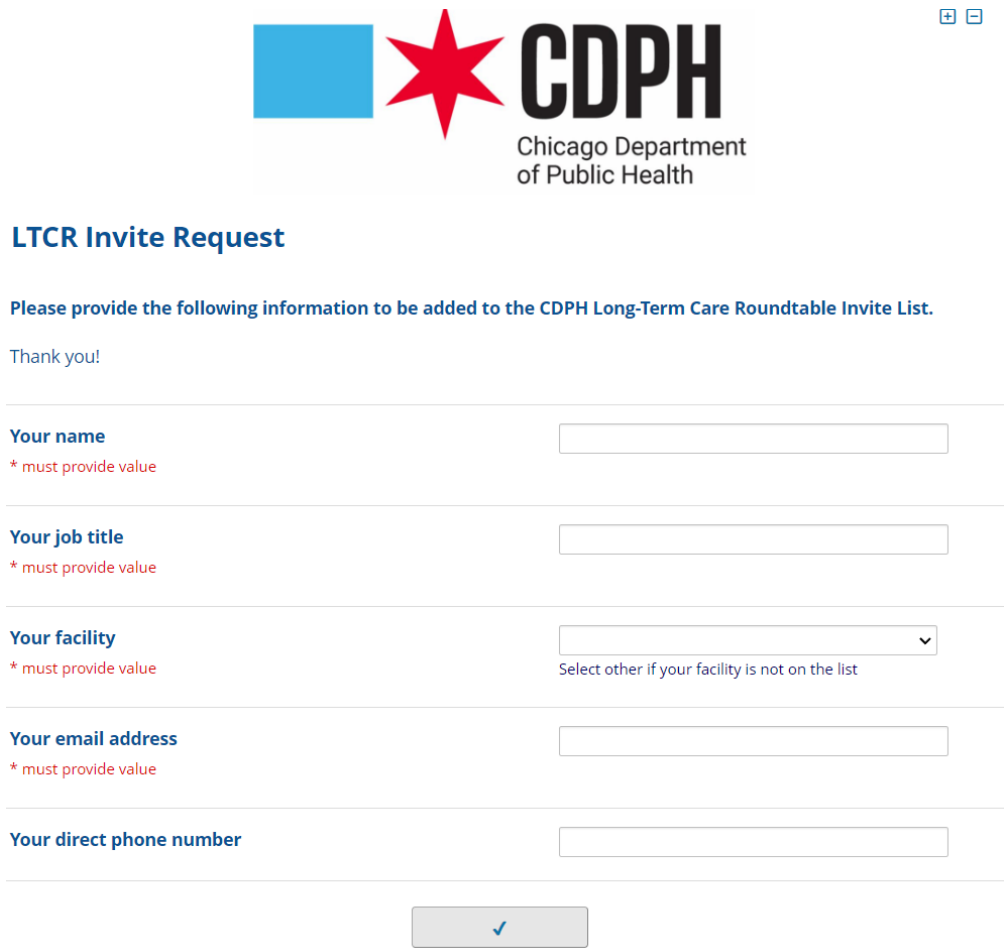
- Thursday March 30th 12:30 – 1:30 p.m. via **WebEx**
  - COVID Updates
  - TB 101
  - MRSA Prevention Collaborative

- Thursday April 27th 12:30 – 1:30 p.m. via **Microsoft Teams**
  - COVID Updates
  - Legionella 101

- Thursday May 25th 12:30 – 1:30 p.m. via **Microsoft Teams**
  - Topics TBD

# New LTCR Invite Request Form

- If you do not receive calendar invitations to the roundtable webinars and/or you have a new staff member that you would like to attend, please complete this brief survey



CDPH
Chicago Department of Public Health

**LTCR Invite Request**

**Please provide the following information to be added to the CDPH Long-Term Care Roundtable Invite List.**

Thank you!

**Your name**
* must provide value

**Your job title**
* must provide value

**Your facility**
* must provide value
Select other if your facility is not on the list

**Your email address**
* must provide value

**Your direct phone number**

✓

# Questions & Answers

**For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:**
https://www.chicagohan.org/covid-19/LTCF